

SERFF Tracking Number:	NALH-127842322	State:	Arkansas
Filing Company:	Midland National Life Insurance Company	State Tracking Number:	50338
Company Tracking Number:	ADB175		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	ADB175		
Project Name/Number:	ADB175/ADB175		

## Filing at a Glance

Company: Midland National Life Insurance Company

Product Name: ADB175

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: NALH-127842322 State: Arkansas

SERFF Status: Closed-Approved-  
Closed

Co Tr Num: ADB175

State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Carrie Block, Laurie  
Gruba, Paula Kunkel-White, Gayle  
Lovorn, Gail Velen

Disposition Date: 11/30/2011

Date Submitted: 11/26/2011

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: ADB175

Project Number: ADB175

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 11/22/2011

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 11/30/2011

State Status Changed: 11/30/2011

Created By: Gail Velen

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Gail Velen

Filing Description:

We are filing the above form for your review and approval. This is a new form and does not replace any form currently on file with your Department. This form is laser printed and we reserve the right to change fonts and layouts. We certify the font size will never be less than the minimum 10 point required by your state.

This rider provides for payment of the rider benefit upon the accidental death of the insured. Upon approval, this Rider will be offered to policyowners of inforce, previously approved life policies. See attached actuarial memorandum for details.

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A copy of the Rider Schedule is also included in the filing.

Your review for approval of this filing, at your earliest convenience, would be appreciated.

## Company and Contact

### Filing Contact Information

Gail Velen, Sr. Contracts Analyst gvelen@nacolah.com  
525 W. Van Buren 800-800-3656 [Phone] 87664 [Ext]  
Chicago, IL 60607 605-373-8632 [FAX]

### Filing Company Information

Midland National Life Insurance Company CoCode: 66044 State of Domicile: Iowa  
525 W. Van Buren Street Group Code: 431 Company Type: Life and Annuity  
Chicago, IL 60607 Group Name: State ID Number:  
(800) 800-3656 ext. [Phone] FEIN Number: 46-0164570

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: 50/form  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Midland National Life Insurance Company	\$50.00	11/26/2011	54056865

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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved-Closed	Linda Bird	11/30/2011	11/30/2011

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## Disposition

Disposition Date: 11/30/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	actuarial memorandum		No
Form	Accidental Death Benefit Rider		Yes
Form	Rider Schedule For Accidental Death Benefits		Yes

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Product Name: ADB175

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## Form Schedule

Lead Form Number: ADB175

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	ADB175	Policy/Cont	Accidental Death ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		52.100	ADB175 Accidental Death Benefit Rider.pdf
	ADBS175	Schedule Pages	Rider Schedule For Accidental Death Benefits	Initial		0.000	ADBS175 MNL Schedule ADB.pdf



*A Stock Company*

Principal Office: 4350 Westown Parkway, West Des Moines, IA 50266 ♦ (515) 440-5500

Administrative Office: One Sammons Plaza, Sioux Falls, SD 57193 ♦ (800) 923-3223

[www.mnlife.com](http://www.mnlife.com)

## ACCIDENTAL DEATH BENEFIT RIDER

This Rider is a part of the Policy to which it is attached. It is subject to all the terms of the Policy unless otherwise stated.

**CONSIDERATION** - This Rider is issued in consideration of Your authorization for this Rider and payment of the required premium for the additional coverage. The premium for this Rider is shown on the Rider Schedule For Accidental Death Benefits.

**BENEFIT** - We will pay the Beneficiary the Accidental Death Benefit Amount shown on the Rider Schedule, upon receipt of written notice of claim and due proof of the Accidental Death of the Insured provided:

1. The injury occurs while the Policy and this Rider are in full force and effect; and
2. Death of the Insured occurs within 90 days from the date of the injury.

As used in this Rider, Accidental Death means death resulting from:

1. A bodily injury effected directly and independently of all other causes;
2. A bodily injury visible on the surface of the body or disclosed by autopsy; or
3. An accidental drowning.

**PROOF OF ACCIDENTAL DEATH** – Written notice of claim and due proof of death must be given to Us at our Administrative Office within 90 days after the death of the Insured, or as soon as reasonably possible.

We reserve the right to examine the body of the Insured and to have an autopsy performed, at Our expense, unless prohibited by law.

**EXCLUSIONS** - No payment will be made for death caused by or resulting from:

1. Suicide, or any attempt to commit suicide, while sane or insane.
2. Commission of or attempt at a felony.
3. Service in the military, land, sea or air, while at war or an act of war, whether declared or undeclared.
4. Abuse of alcohol.
5. Disease of the body or mind in any form. However, bacterial infection resulting from an injury on the exterior of the body is covered.
6. Hazardous avocations, including but not limited to, Scuba Diving, Aviation (all types including gliders), Ultralight, Ballooning (hot air or gas), Hang Gliding, Descent from elevated craft or platform, Motor Sports (racing) including powerboats, Racing for prize money, Skydiving, Yachting or Mountain Biking, Fighting.
7. Participation in civil disturbance or riot.
8. Operating, riding in, or descending from any kind of device for aerial navigation if the Insured is:
  - a) a pilot, officer, or member of the crew.
  - b) being flown for the purpose of descent from the device while in flight.
  - c) giving or receiving any kind of training or instructions.
  - d) in flight or on duty in a military, naval or airforce aircraft.
9. Voluntary gas inhalation or poison voluntarily taken, administered or inhaled.
10. Voluntary taking of a drug, or sedative, unless the use is as prescribed by a legally qualified physician.
11. Alcohol intoxication beyond the legal limit.

**TERMINATION** - This Rider terminates on the earliest of the following events:

1. The Policy Anniversary the Insured reaches Policy Age 70 (or Attained Age 70), as defined in the Policy; or
2. Upon nonpayment of premium beyond the grace period; or
3. The date coverage for the Insured under this Rider has ended due to death; or
4. The date any extended insurance or paid-up insurance becomes effective under the nonforfeiture provisions of the Policy; or
5. On the premium due date that falls on or next follows the date We receive Your written request to terminate this Rider; or
6. The date the Policy to which this Rider is attached terminates.

If the Policy to which this Rider is attached is reinstated prior to the Expiry Date shown on the Rider Schedule, this Rider may also be reinstated.

President

Secretary

## RIDER SCHEDULE FOR ACCIDENTAL DEATH BENEFITS

This amends your policy as stated below. Please retain with your policy.

Policy Number: [1512345678]

Policyowner: [POLICYOWNER NAME]

Insured: [INSURED NAME]

Policy Type [Term Life]

Current [Specified/Face] Amount: [\$100,000]

Current Billable Premium: [\$00.00/month as of Month 00, 2012]

Amendment: Add Accidental Death Benefit to the current life coverage – See “Accidental Death Benefit” on enclosed Rider.

Accidental Death Benefit Amount: [\$100,000]. The total death benefit amount will be the death benefit of the life policy listed above at the time of death plus [\$100,000] when benefits under the rider are payable.

Accidental Death Benefit Rider Premium: {[\$00.00/month] or [Initial prorated premium of [\$00.00] places the Accidental Death Benefit Rider in effect until the next premium falls due under your normal billing cycle. Then regular premium of [\$00.00/year] becomes payable.]}

Payment Mode: [Monthly/Automatic deduction from Checking Account]

Effective Date: [Month 00, 2012]

Expiry Date: [Month 00, 20XX]

BENEFIT WILL TAKE EFFECT ON DATE SPECIFIED  
ONLY IF SIGNED AND DATED AUTHORIZATION HAS BEEN RECEIVED  
BY MIDLAND NATIONAL LIFE INSURANCE COMPANY-  
AND THE FIRST PREMIUM PAYMENT HAS BEEN COLLECTED



Secretary



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## Supporting Document Schedules

		Item Status:	Status Date:
<b>Satisfied - Item:</b>	Flesch Certification		
<b>Comments:</b>			
<b>Attachment:</b>			
READABILITY CERT.pdf			
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Application		
<b>Bypass Reason:</b>	N/A. This is an add on rider which is guarantee issue. An application will not be used.		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Satisfied - Item:</b>	actuarial memorandum		
<b>Comments:</b>			
<b>Attachment:</b>			
Act Memo - ADB175.pdf			

## READABILITY CERTIFICATE

Name and Address of Insurer: MIDLAND NATIONAL LIFE INSURANCE COMPANY  
Executive Office: One Midland Plaza  
Sioux Falls, SD 57193

I certify that Readability has been tested under the Flesch Readability formula set forth by Rudolph Flesch in his book, The Art of Readability Writing and that the form(s) meet your minimum readability requirements for the form(s) listed below:

<u>FORM NUMBER</u>	<u>DESCRIPTION</u>	<u>SCORE</u>
ABR175	Accidental Death Benefit Rider	52.1



Timothy Reuer, FSA, MAAA  
Vice President - Product Development

11/21/2011

Date